



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND
1401 DESHLER STREET SW
FORT MCPHERSON, GA 30330-2000

REPLY TO
ATTENTION OF:

AFRC-PRT-R (140)

19 July 2005

MEMORANDUM FOR SEE DISTRIUTION

SUBJECT: Implementation Guidance for Mobilized Individual Ready Reserve (IRR) Soldier Transfer to Troop Program Unit (TPU) and Subsequent Reenlistment

1. References:

- a. AR 135-7, Army National Guard and Army Reserve Incentive Programs, dated 15 Apr 96.
- b. AR 140-10, Army Reserve Assignments, Attachments, Details, and Transfers, dated 1 Sep 94.
- c. AR 140-111, US Army Reserve Reenlistment Program, dated 19 Dec 03.
- d. USARC Reg 140-6, US Army Reserve Command (USARC) Retention and Transition Program (OCAR RTD), dated 1 Aug 03.

2. The purpose of this memorandum is to provide guidance for implementing the Mobilized Individual Ready Reserve (IRR) Soldier Transfer to TPU and Subsequent Reenlistment Program in accordance with the above references. This policy applies only to mobilized IRR Soldiers who agree to transfer into a TPU while mobilized and subsequently reenlist into the Army Reserve. These Soldiers may be eligible to receive the current authorized reenlistment bonus in conjunction with the transfer to a TPU. Soldiers offered the opportunity to transfer to a TPU and execute an immediate reenlistment for a bonus will not be offered a Reserve Component Affiliation Bonus (if applicable) and will be counseled accordingly.

a. Upon approval, the Army Reserve G-1 will allow mobilized IRR Soldiers the opportunity to transfer and subsequently reenlist into a TPU. These Soldiers will complete the enclosed Memorandum of Understanding (MOU) acknowledging that they are required to fulfill their current mobilization requirement prior to the transfer. Within 90 days after REFRAD, the Soldier will report to the TPU of assignment to fulfill the remaining portion of the reenlistment contract.

b. This policy is effective immediately.

3. HRC-STL will make any required modifications to the systems used to process these actions; however, the lack of systemic changes will not delay the implementation of this program.

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4. HRC-STL will:

a. Provide to OCAR Retention and Transition Division (RTD) a list of reenlistment eligible IRR Soldiers on a monthly basis.

b. Notify the mobilized IRR Soldiers approaching their reenlistment eligibility window via AKO email. Upon notification from OCAR-RTD of the Soldier's intent to transfer, HRC-STL will verify that the last IRR transfer reason code was not due to unsatisfactory performance.

c. Update the Automated Orders Resourcing System (AORS) screens as needed to publish orders, monitor the AORS error queue, and correct any data that may prevent assignment order publication. All reassignment dates will be the effective date of the Army Reserve Recruit Quota System (REQUEST) transaction.

5. OCAR-RTD will:

a. Obtain the monthly eligibility list from HRC-STL and provide reenlistment counseling to IRR Soldiers who express interest in transferring into a TPU.

b. Provide RLAS and REQUEST support to verify TPU vacancies and process reassignments.

c. Provide HRC-STL a by-name list of mobilized IRR Soldiers who intend to transfer into a TPU.

6. Army Reserve Career Counselor (ARCC) will:

a. Determine eligibility for immediate reenlistment IAW AR 140-111, Table 2-1. If the Soldier's eligibility is in question, the Soldier will be referred to the Retention Branch, HRC-STL, ATTN: AHRC-RSE-E, 1 Reserve Way, St Louis, MO 63132-5200, for further eligibility action. If the Soldier is otherwise qualified, reenlistment processing continues.

b. Process an immediate reenlistment within 12 months of the mobilized IRR Soldier's expiration term of service. The term of service of the reenlistment will be for 3, 4, 5, 6 years or Indefinite, providing the mobilized IRR Soldier meets the transfer eligibility criteria.

c. Prepare the DD Form 4 series (Enlistment Contract/Reenlistment Documents) IAW AR 140-111, Table 5-1. Type the following entry in item 8b, REMARKS, DD Form 4/1: "IMMED REENL TPU IAW AR 140-111, CHAP 6."

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d. Obtain the bonus control number for the reenlisting Soldier. Ensure that the bonus control number is typed on all reenlistment documents.

e. Complete and certify DA Form 3540 series (Certificate and Acknowledgement of US Army Reserve Service Requirements and Methods of Fulfillment) with the reenlisting Soldier.

f. Complete DA Form 5261-2-R (Selected Reserve Incentive Program Reenlistment/ Extension Bonus Addendum) and obtain the Soldier's signature.

g. Assemble the reenlistment packet as follows: original DD Form 4 series, original DA Form 4187 with associated statements that are applicable (samples at enclosure 2a and 2b), DA Form 3540, DA Form 5261-2-R, and MOU. Forward the reenlistment packet directly to Chief, OCAR-RTD, ATTN: DAAR-RT, 1401 Deshler St SW, Fort McPherson, GA 30330-2000. RTD will maintain one copy of the packet and forward additional copies to HRC-STL, the Soldier's gaining TPU, and the USAR Pay Center (UPC) at 1913 South B St, Fort McCoy, WI 54656.

h. Provide the Soldier one copy of DD Form 4 series, DA Form 4187, DA Form 3540, and DA Form 5261-2-R.

7. The theater pay center will either fax the reenlistment packet to the Mobilization Team at Fort McCoy, WI, at DSN 280-7436, commercial 608-388-7436, or email documents to usarcpayinquiry@emh2.mccoy.army.mil.

8. Unit commanders will:

a. Upon receipt of the reenlistment documents, validate the Soldier's TPU status, and ensure the Soldier is properly added into RLAS, identified as mobilized, positioned on the Unit Manning Report, and added into the Defense Joint Military Pay System-Reserve Component (DJMS-RC).

b. Ensure the Soldier is not processed as an unsatisfactory participant or IRR No Show. Upon the Soldier's REFRAD, the commander will initiate the Sponsorship Program. After REFRAD, Soldiers have 90 days to report to the TPU of assignment. If the Soldier does not arrive at the TPU after 90 days from REFRAD, unit will attempt to contact the Soldier IAW AR 140-10, Chapter 4 and USAREC Reg 140-6.

c. If contact cannot be made to notify Soldier of non-participation, and the Soldier is not restored to active status, steps will be taken to discharge the Soldier due to unsatisfactory participation and recoupment of bonuses will be in effect.

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9. For additional information, contact MSG Patrick Sarley, Strength Management Branch, at (404) 464-9303 or email patrick.m.sarley@usar.army.mil.

FOR THE COMMANDER:

2 Encls

1. MOU

2. Sample DA Form 4187

//Original Signed//
WANDA L. GOOD
Colonel, GS
Army Reserve G-1

DISTRIBUTION:

Commander, HQDA, G-1 (DAPE-MPE)

Commander, HRC-STL

Chief, OCAR-RTD

Commander, USARC Major Subordinate Commands

Commander, US Army Civil Affairs and Psychological Operations Command

Commander, 7th Army Reserve Command

Commander, 9th Regional Readiness Command

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the current proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
Circle the appropriate copy designator Copy 1 Copy 2 Copy 3 Copy 4			
AUTHORITY: Title 5, Section 3012, Title 10, USC, E.O. 9397. PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III). ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier. DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.			
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) CDR, HRC-STL ATTN: AHRC-RSN-P RSSCNationalteam@hrcstl.army.mil 1 Reserve Way St. Louis, MO 63132		3. FROM (Include ZIP Code)
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI)	5. GRADE/ RANK PMOS/AOS	6. SOCIAL SECURITY NUMBER	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is Changed from _____ To _____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside	
<input type="checkbox"/> Reassignment Extreme Family	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enl)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Assignment of Personnel with _____		
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
1. Request transfer from the USAR Control Group (Individual Ready Reserve to a Troop Program Unit (TPU) located with in 50 miles of my HOR: Address: City: Zip:			
2. I understand that as an IRR Soldier I am not eligible for a reenlistment incentive per AR 135-7. It is my intent to transfer from the IRR to the TPU to qualify for a reenlistment incentive (if eligible).			
3. I further understand that upon 90 days of my REFRAD I am required to report to my TPU assignment to fulfill my reenlistment obligation.			
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE		14. DATE (YYYYMMDD)

NAME: (Last, First MI)

SSN:

COMPLETE THOSE STATEMENTS THAT ARE APPLICABLE

MOS Will Train Statement:

I am not MOS qualified and being processed for a position vacancy coded "Will Train" MOS on REQUEST. I agree to enroll in the appropriate school within 12 months from date of assignment and satisfactorily participate in an approved formal course of instruction leading to the award of the within 24 months from date of assignment. Soldier's initials: _____

Commuting Distance Statement:

I concur with this assignment even though the distance from my home to the USAR Center is greater than the normal commuting of 50 miles or 90 minutes travel time one way by car under average traffic, weather, and road conditions. Soldier's initials: _____ Unit Commander or Designated Representative Signature and date _____

Worldwide Deployability Statement:

I certify that I meet the worldwide Deployability standards. I also understand that my assignment to a USAR unit does not preclude me from mobilization with Unit of assignment or involuntary transferred to any other Unit for mobilization due to the needs of the United States Army Reserve. My RTNCO has not guaranteed or promised that by transferring to the Army Reserve I will not be mobilized. Soldier's Signature: _____ CM Signature: _____

Dependency Statement:

I have _____ dependents under the age of 18. I understand that the responsibility that I have for the care of my children will not be a sufficient reason of itself for not satisfactorily participating in the Ready Reserve during my period of enlistment. I further understand that it is my responsibility to make proper arrangements for the care of my dependents during periods of military service when I am required to perform duty in an area where dependents are not authorized. Soldier's initials: _____

Unit of Assignment: 1st Choice

I am requesting assignment to:

_____ Name of Unit	_____ UIC	_____ Street Address
_____ City	_____ ST	_____ Zip Code
UVCN: _____	DMOS: _____	PARA/LN/POSN: _____

Unit of Assignment: 2nd Choice

If the above unit is not available I am requesting assignment to:

_____ Name of Unit	_____ UIC	_____ Street Address
_____ City	_____ ST	_____ Zip Code
DMOS: _____	PARA/LN/POSN: _____	UVCN: _____

NOTE: THE STATEMENTS ABOVE ARE EXCEPTIONS TO REGULATORY GUIDANCE FOUND IN AR 140-10, PARAGRAPHS 1-10, 2-6.1, 4-28, AND TABLE 4-1.